Infant Mortality Among the Afro Latinx Community in Columbus, OH and How the Social Construction of Race Contributes to the Lack of Data on Afro Latinx Health

Research Thesis

Presented in partial fulfillment of the requirements for graduation with research distinction in Latin American Literature and Culture in the undergraduate colleges of The Ohio State University

by

Osmari Beatriz Novoa

The Ohio State University
April 2019

Project Advisor: Professor Glenn Martinez, Department of Spanish and Portuguese

Abstract

Infant mortality is an important public health issue that is measured by race and ethnicity, and many other factors, all over the world. In the United States, there is a limited amount of published research papers that look at the relationship between racial identification and the lack of statistical data on minority groups, within the Latinx population, on infant mortality data. This research paper aims to bring awareness to the issue of the lack of representation of the Afro Latinx population in data due to the fact that there are no appropriate race-related selections for individuals to choose resulting in individuals having to select 'Other' or declining to answer. The failure to respond to a question pertaining to race, not ethnicity, limits researchers the opportunity to measure infant mortality rates in the Latinx population by race.

Significance

My initial goal with this research paper was to identify a health disparity among the Afro Latinx Community in Columbus, OH specifically when looking at infant mortality rates. I wanted to see the relationship between infant mortality rates among the Afro Latinx community and how it differed from African-American infants and White-Caucasian infants. As a result, a major issue that I have come into contact with is the social construction of race and how self-identification can cause issues when recording data on health disparities across various racial groups. I have not seen many reports that make the connection between racial and ethnic identification and how it has contributed to the lack of statistical data acquired from the Afro Latinx population in any health issues, but specifically in infant mortality.

Introduction

Infant mortality is an important public health issue all over the world. According to the World Health Organization (WHO), infant mortality is defined as, "the probability that a child is born in a specific year or period will die before reaching the age of 1 year, if subject to age-specific mortality rates of that period, expressed as a rate per 1,000 live births. The infant mortality rate is, strictly speaking, not a rate (i.e. the number of deaths divided by the number of population at risk during a certain period of time) but a probability" (Infant, 2015). Every year an approximation of 2.6 million infants die each year before turning one month old (Devine, 2018 p. 1). One million infants take their first and last breaths the day that they are born and 2.6 million infants are stillborn (Devine, 2018 p. 1). The majority of these deaths are preventable and many of these lives could be saved if mothers and their babies had access to affordable, quality health care, good nutrition and clean water (Devine, 2018 p. 1). Fortunately, infant and child mortality has decreased by millions in recent years (Levels, 2018 p. 3). "In 2017, 118 countries already had an under five mortality rate below the Sustainable Development Goal (SDG) target of a mortality rate at least as low as 25 deaths per 1,000 live births" (Levels, 2018 p. 3).

In most cases, Hispanics and Latinos are all placed in the same ethnic category without accounting the various racial groups within the larger community (Rice, 2017 p. 1581). This can cause many issues when trying to properly document the health outcomes of infants within each racial category (Rice, 2017 p. 1581). When individuals do not have the appropriate terms to identify themselves, their personal data takes the risk of not being counted towards the overall national measures of a specific health issue or there are not enough individuals being counted in order for the data to be conclusive. This issue could also cause emotional distress in some

individuals for feeling as if they do not fit in a particular "box" because they identify with more than one racial or ethnic identity. The National Institute of Minority Health has created initiatives to, "support research to design and implement effective interventions to reduce the health disparities among immigrant populations and addresses issues that promote health equity (PA). There is a movement within Latino Health and health disparities to promote a more nuanced understanding of the sub-groups within the Latinx population (PA). These efforts will help to better measure the health of these populations and to find health behavior and health prevention initiatives to improve overall health.

Although the Latinx community is often considered to be a close knit community, that was not always true. During the 1960s, Mexican Americans, Cuban Americans, and Puerto Ricans were the majority of Latin Americans in the United States (Mora, 2014 p. 21-22). The largest group were Mexican Americans who were mainly in the Southwest and their political organizations dealt with issues such as farmworkers' rights and bilingual education (Mora, 2014 p. 22). Puerto Ricans were mainly settled in the Northeast where they, "established civic groups in cities such as New York and Philadelphia that organized around issues like urban poverty and Puerto Rican Independence" (Mora, 2014 p. 22). The Cuban American community was a small growing community at the time and was centered in Miami, Florida (Mora, 2014 p. 22). They established organizations that mainly focused on the development of Castro's Cuban Revolution (Mora, 2014 p. 22). Since each community was fighting for different things, they had frequent conflictions with each other. Mexican Americans felt as if they needed to solve their own issues that affected their communities before aligning with Puerto Ricans (Mora, 2014 p. 22). The only thing that truly connected these three groups was that even though they spoke different variations of Spanish, they could still communicate with one another.

Bureaucrats, especially those that were in the Census Bureau, were hesitant to classify these groups under the same category because they were so separate (Mora, 2014 p. 22-23). "The 1960 decennial census, for example, did not include a question or category that offered persons of Latin America descent the opportunity to identify as a national panethnic community" (Mora, 2014 p. 23). Census officials saw that Mexican Americans, Puerto Ricans, and Cuban Americans, "overwhelmingly considered to be separate groups" (Mora, 2014 p. 23). "They "didn't really identify" with one another, and they "didn't really know what Hispanic meant."" (Mora, 2014 p. 23). It was not until the 1980s Census that the Hispanic category was implemented (Mora, 2014 p. 24). An interesting point that Mora makes is that the groups did not have to be integrated into one category, they could have remained as distinct groups.

Literature Review

A research study through the journal of *Maternal and Child Health*, looked at disparities in infant mortality by race among Hispanic and Non-Hispanic infants. When compared to other minority groups in the United States, Hispanic infants have a well-documented health advantage (Rice, 2017 p. 1581). The study took data files from 2007 to 2008 *NCHS Cohort Linked Live Birth – Infant Death Files* that looked at the deliveries of Hispanic black, Hispanic white, non-Hispanic black, and non-Hispanic white mothers (Rice, 2017 p. 1581). The results showed that non-Hispanic black infants had the highest risk of first week mortality and overall infant mortality when compared to the other groups that were observed (Rice, 2017 p. 1581). Hispanic black infants had a much higher risk of first week mortality and overall infant mortality when compared to Hispanic white and non-Hispanic white infants (Rice, 2017 p. 1581). Their conclusions showed that factors such as race and socioeconomic status contributed to these results (Rice, 2017 p. 1581).

It was observed that infant health indicators among Hispanic women revealed that rates of infant mortality, low birthweight and preterm birth are relatively lower among Central American, South American, Cuban and Mexican mothers (Rice, 2017 p. 1582). Although, Puerto Rican and Dominican mothers experienced much higher rates in these areas when compared to non-Hispanic mothers (Rice, 2017 p. 1582). Puerto Rico and the Dominican Republic are known to have a relatively high Afro population which is conclusive with the idea that Hispanic black infants and non-Hispanic black infants have similar rates when it comes to infant health. It could be that Puerto Rican and Dominican infants represent the high rate of infant mortality among Hispanic black infants. These outcomes suggest that racial variations and other factors such as environmental exposures, chronic stress and discrimination may help contribute to the birth outcomes that have resulted, "and support the idea that race as a social construct matters for infant health outcomes" (Rice, 2017 p. 1582).

The Ohio Department of Health has reported that the leading causes of death in infants in Ohio is preterm birth, birth defects, and sleep related deaths (Moms2B). Another research study through the journal of *Maternal and Child Health*, looked at infant mortality, cause of death, and vital records reporting in Ohio. They reviewed reports of a total of 276 cases on infant deaths through the Ohio Department of Health over an 8-year period (January 1, 2006 through December 31, 2013) (Seske, 2017 p. 727). Out of all of the cases, 167 represented infants who were born preterm (Seske, 2017 p. 727). The deaths of the infants were due to various reasons such as, congenital anomaly, infections, and chorioamnionitis, but 56% of the death certificates observed, were discordant with autopsy causes of death (Seske, 2017 p. 727). Errors such as these, could challenge the implementation of effective public health interventions and the accuracy in reporting infant mortality (Seske, 2017 p. 728).

Theoretical Framework

Black and White Latinx individuals have unique yet different experiences in the United States. The inconsistency of race and skin color measures in the health field has made it difficult to measure the differences between the health of Black Latinx and of White Latinx individuals, but increasing evidence has suggested that Black and Whites Latinos have different health-related outcomes (Cuevas, 2016 p. 2131). Many health disparities exist among the Latinx population, but are more prominent among Black Latinx individuals because of certain stressors that they may experience due to, "unequal treatment of individuals on the basis of race" (Cuevas, 2016 p. 2131).

Racial categorization is a social construct in the United States because it exposes people, based off of their phenotype, to disadvantages that can influence their health outcomes (Cuevas, 2016 p. 2131). Even though Black and White Latinx individuals may share the same culture, traditions, religion, etc., their experience as Black Latinos is very different because of the discrimination that they are most likely to experience in a country who has a long history of suppressing individuals that are of any other race other than white.

Not much research has been done on the idea of how race may be a contributing factor in Latinx health, but a major issue is how racial categorization works in the United States, especially in the US Census. Due to their differences in race, Black Latinx individuals may experience various advantages and disadvantages than White Latinx individuals in a society that is often race conscious in almost everything that they do (Cuevas, 2016 p. 2132). Because of their racial differences, these groups may be pushed either towards or away from various

opportunities that may influence the way their lives run their course and affect their health outcomes in the long run (Cuevas, 2016 p. 2132).

Black Latinx individuals are at the risk of having experiences that would ultimately affect their health by being susceptible to higher levels of psychological stressors such as, psychosocial stressors, financial strain and racial discrimination, psychological responses, physiological responses, and health behaviors (Cuevas, 2016 p. 2132). Greater perceived discrimination has been consistently associated with causing high levels of stress, anxiety and depression which have all been known factors to worsening overall health (Cuevas, 2016 p. 2132). Greater perceived discrimination has also been associated with various health risk behaviors such as, smoking, excess alcohol consumption, physical inactivity, etc. and has been linked to chronic diseases (Cuevas, 2016 p. 2132).

Research Planning

When researching information on infant mortality among the Afro Latinx community in Columbus, I was at a loss. There was little to no statistical data on this community. I wanted to view the issue of infant mortality from a broad point of view first so that I could then take a narrow approach when looking at the data in Columbus.

I interviewed representatives of two organizations in Columbus that worked towards decreasing infant mortality because of their knowledge in how the statistical data looks in the area. They also have the knowledge in what specific groups have been affected by infant mortality in the area and what measures can be taken in order to decrease those odds.

Methodology

I retrieved information for my research paper by using various scholarly sources and peer reviewed journals in order to support my thesis. I conducted two in-person interviews. One

interview was given to Amanda Zabala, who is an epidemiologist with Columbus Public Health that specializes in Maternal and Child Health. Amanda works very closely with *CelebrateOne* in decreasing infant mortality in Franklin County through various initiatives. The second interview conducted was to Jaime Sager who is a Program Manager for *Moms2B* and works directly with mothers going through the program in order to avoid infant mortality or any other health related issues in infants.

Findings

In Columbus, Ohio, there are two organizations that are working to decrease the infant mortality rate in the area which are *CelebrateOne* and *Moms2B*. *CelebrateOne* is an organization in Columbus that is committed in ensuring that women in the community are able to deliver a healthy baby and that the baby is able to live to see their first birthday and thrive throughout their childhood (Better, 2017). *Moms2B* provides pregnant mothers with weekly educational programs and support sessions to promote a healthy lifestyle during and after pregnancy (Moms2B). Their programs range from a variety of topics to focus on such as: breastfeeding, child development, family planning, goal setting, labor and delivery, maternal-infant health, positive parenting, reproductive health, safe sleep, and many others (Moms2B). The difference between both organizations is that *CelebrateOne* caters more to the infants needs from conception through childhood whereas *Moms2B* is focused on the mother's pregnancy in helping her have a healthy baby and delivery. Both organizations also support each other in the communities that they work in to achieve their overall goal, which is for mothers to have healthy deliveries and healthy babies in order to decrease infant mortality in Columbus.

During my interview with Amanda Zabala, she made several great points, but one that particularly caught my attention was when she said, "…race data is all self-report. It is accurate

in the sense that we're capturing how people identify themselves, but is inaccurate in that it doesn't measure racism…because people self-identify and they put down what their race is, we know how they see themselves, but it doesn't reflect how society sees them." What Amanda said was particularly important because, for example, if there is some sort of language barrier, someone could potentially identify the mothers themselves just by looking at them it is a reflection of the way that society sees them, but they could see themselves in a completely different way. Amanda said herself, that CelebrateOne does not necessarily differentiate Hispanic by race which as a result, "we don't get the whole picture.". She asks compelling questions such as, "what does it mean to be Hispanic black or Hispanic white or how are people selecting what kind of Hispanic they are?" I have had this issue myself, and so has Amanda. Being Afro Latinas but also mixed, can cause confusion as to what to select as your race. The only options available to choose from are white and black, but neither chose describes us fully. Understanding identity and the intersectionality of races and cultures is vital in order to make the separation within the Latinx population to accurately measure the groups that are disadvantaged within the population compared to those that are not.

An interesting and important point that Amanda made was that when *CelebrateOne* and *Columbus Public Health* collect data on infant mortality, they are actually basing the infant's race off of their mother. "Even if mom is white and dad is black that baby is going to be classified as white," the same goes with the Hispanic population. She recognized that researchers are missing a large amount of data because of the, "classification by mom's race instead of by dad's race or even by that baby's race," they are not able to get as accurate data as they should. I found it very valuable that Amanda shared that information with me because it

just shows how the way things are done currently, they need to change in order for infant mortality to be accurately measured across all races.

According to reports and research made by CelebrateOne, “three infants die each week in Columbus” (CelebrateOne, 2016 p. 3). CelebrateOne has begun initiatives to reduce infant mortality in the Columbus neighborhoods with the highest rates of infant mortality including: Linden, Near South, Franklinton, Southeast, Near East, Northeast, Morse/161, Hilltop and Franklin County (PowerPoint). Prematurity has been the leading cause of infant death and there have been about 2,302 preterm births in Franklin County each year (CelebrateOne, 2016 p. 6). In 2017, data was collected to determine the infant mortality rate in Columbus, OH. In that year, 18,000 babies were born in Franklin County (Better, 2017 p. 4). Of those births, 6,658, or 35%, babies were born in CelebrateOne neighborhoods and 79 babies (51%) died in those neighborhoods.

CelebrateOne also measures infant mortality by race. Based off of CelebrateOne reports, in 2017, black infants accounted for more than 50% of the total infant deaths in that year (Better, 2017 p. 4). According to their data, 83 infants were black, 56 infants were white, 8 infants were Hispanic and 8 infants were under the ‘other’ category (Better, 2017 p. 4). When looking at these statistics, there is no distinction as to whether any of the black infants may be Hispanic or Latino as well. What I found interesting is that Hispanic is supposed to be a racial category, but ‘Hispanic’ is not a race. In order to better understand infant mortality among the Afro Latinx population, there should be some sort of distinction between race and ethnicity when looking at the data, not placed under the same category.

Jamie Sager also gave me a lot of valuable information during our interview. She also brought up the point of self-identification. She explained how Moms2B is taking initiative in

updating their system in order to better record race and ethnicity. Individuals will also have a drop down box available to select their country of origin. I also found it very interesting that Moms2B would also be recording dad's race and ethnicity as well if they will be involved in the baby's life. They want people to feel like they are self-selecting on how they feel they identify and feel comfortable with their selection. Giving people the freedom to self-identify is important because it gives them ownership as to how they would like others to view them and know them as.

The overall goal is to decline infant mortality, and through organizations such as *CelebrateOne* and *Moms2B*, Columbus, OH is taking initiative in improving this issue. For example, Moms2B launched in 2011 and from 2011 to 2014, 195 pregnant women attended the program for one or more sessions at the Weinland Park location with most women being African American with incomes below $800 a month with significant medical and social stressors that could overall affect the baby (Gabbe, 2017 p. 1130). A research study called, *Improving Maternal and Infant Child Health Outcomes with Community-Based Pregnancy Support Groups: Outcomes from Moms2B Ohio*, outcomes of infant mortality before and after the implementation of *Moms2B* (Gabbe, 2017 p. 1130). From 2007 to 2010, there were 442 births in Weinland Park and 6 infants died making the mortality rate of 14.2/1,000 births (Gabbe, 2017 p. 1130). After the implementation of Moms2B in Weinland Park, from 2011 to 2014, there were 399 births and one infant death making the infant mortality rate 2.9/1,000 (Gabbe, 2017 p. 1130).

Moms2B has been around in the Columbus area since 2010. They have 8 different locations and are located in high infant mortality zip codes in the area. They have served around 2,000 woken in the Columbus area and one of their main goals is to reduce disparities in the African American infant mortality rate. They work to influence infant mortality, by targeting

women while they are going through pregnancy in order to reduce infant mortality. Jamie Sages mentioned that even though infant mortality is high in Columbus, it is still a rare phenomenon because they do not have the statistical significance of incidents for infant mortality, although, they are able to measure preterm births and low birth infants that are born tend to have a direct correlation with infant mortality further down the road.

Moms2B has seen that the majority of the moms who participate in their program are high risk moms, but are seen to have lower incidences than those high risk moms that do not participate in the program. Moms2B is in the process of creating a match study off of vital statistics where every mom in Moms2B or birth of each mom, from 2010 to 2017, is getting matched with a Sister Match, who is not a Moms2B participant. With the Sister Match, they will be able to see the data of how the Moms2B moms and anticipate them to have much better outcomes than those of the non-Moms2B participants. It will directly correlate with infant mortality.

Since infant mortality is very sudden, it can be hard to track it because it is not anticipated, so researchers look at the factors that could contribute to infant mortality such as preterm birth or low birth weight. Jamie Sager says, “Even though our infant mortality rate in Columbus is really bad, thankfully, we still don’t see it enough that we have statistical significance to study it…”

Conclusions

When I began to do research on infant mortality among the Afro Latinx community, I had anticipated that I would find statistical data that would confirm that the infant mortality rate for Afro Latinx babies would be higher than those of non-Hispanic/Latinx white and

Hispanic/Latinx white babies, but I wanted to see how these rates would compare to the infant mortality rate of African American babies.

The biggest issue I came across was that the retrieval of racial and ethnic data is inconsistent. During my interview with Jamie Sager, she mentioned how Moms2B has taken initiative in improving the way that they record racial and ethnic data. When mothers are enrolling into the program, initially, they were asked if they identify as Hispanic or Latino and when asked to identify their race, they were left with the options of either white or black (Sager). In the new updated version of the questionnaire, mothers are asked the same questions, but are now able to select 'biracial' as a race. This update, is not the solution, but is definitely taking the steps to improving the selection of race.

A question that I am left with is where does this leave the individuals within the Latinx population that are of indigenous decent? I was specifically looking at the infant mortality rate of Afro Latinx infants, but the majority of the data only goes in two directions: either black or white. I have concluded that racial and ethnic identities are very complex and in order to accurately measure health disparities among the Latinx population, we have to account for the various identities among this population. There are many subgroups among Hispanics and Latinos which many do not realize, but once society can comprehend that, health professionals can get a better grasp as to how different subgroups within the Latinx population measure in various health issues.

An initiative to improve the way in which Latinx individuals could properly identify themselves could begin with a discussion within the Latinx community. Beginning a discussion to the community could open many questions and address different issues. Asking questions like, "What does it mean to be Afro Latinx?, How is the Afro Latinx experience different than of

the African-American experience or are they the same?" Bringing up those kinds of questions and discussions could help the issue of how Latinx individuals view themselves and how society views them.

It is important that the discussion begins from within the Latinx community because it is important for Latinx individuals to understand why it is important for their data to be counted and all of the benefits that proper identification and data collection are in their lives currently and for generations. Being able to pinpoint health outcomes of various subgroups within the Latinx population could potentially allow researchers and medical professionals to create programs or initiatives of intervention and prevention for any issues that may be targeting those specific subgroups. Even though Latinx individuals are constantly placed under the same category of Hispanic/Latino, each subgroup within that population has different needs and health outcomes. It is very important that Latinx communities understand this so that steps can be taken into improving those health outcomes.

References

"Better Together 2017 Annual Report." CelebrateOne.info.

CelebrateOne Annual Report Slides. PowerPoint. 2016.

Cuevas, Adolfo G., et al. "Race and Skin Color in Latino Health: An Analytical Review." American Journal of Public Health, vol. 106, no. 12, 2016, pp. 2131-2136., doi:10.2105/ajph.2016.303452.

Devine, Siobhan, and Guy Taylor. "Every Child Alive: The Urgent Need to End Newborn Deaths." *UNICEF For Every Child*, 2018, data.unicef.org/wp-content/uploads/2018/02/Every-Child-Alive-report_FINAL-1.pdf.

Gabbe, Patricia Temple, et al. "Improving Maternal and Infant Child Health Outcomes with Community-Based Pregnancy Support Groups: Outcomes from Moms2B Ohio." *Maternal and Child Health Journal*, vol. 21, no. 5, 2017, pp. 1130-1138., doi:10.1007/s10995-016-2211-x.

Infant Mortality Rate. www.who.int/healthinfo/indicators/2015/chi_2015_27_mortality_infant.pdf?ua=1.

"Levels and Trends in Child Mortality." *The United Nations International Children's Fund*, 2018, data.unicef.org/wp-content/uploads/2018/10/Child-Mortality-Report-2018.pdf.

"Moms2B | Ohio State Obstetrics Gynecology." *Scoliosis & Kyphosis Spinal Curvature Treatments | Ohio State Brain & Spine*, wexnermedical.osu.edu/obstetrics-gynecology/pregnancy/moms2b.

Mora, Cristina. "Making Hispanics: How Activists, Bureaucrats, and Media Constructed a New American." Scribd, Scribd, 2014, www.scribd.com/read/203835282/Making-Hispanics-How-Activists-Bureaucrats-and-Media-Constructed-a-New-American.

"PA-18-284: Addressing Health Disparities through Effective Interventions Among Immigrant Populations (R01 Clinical Trial Optional)." National Institutes of Health and Human Services, grants.nih.gov/grants/guide/pa-files/PA-18-284.html.

Rice, Whitney S., et al. "Disparities in Infant Mortality by Race Among Hispanic and Non-Hispanic Infants." *Maternal and Child Health Journal*, vol.21, no.7, 2017, pp. 1581-1588., doi:10.1007/s10995-017-2290-3.

Sager, Jamie. Personal Interview. 22 Mar. 2019.

Seske, Laura M., et al. "Infant Mortality, Cause of Death, and Vital Records Reporting in Ohio, United States." *Maternal and Child Health Journal*, vol. 21, no.7, 2017, pp. 727-733., doi:10.1007/s10995-016-2159-x.

Zabala, Amanda. Personal Interview. 21 Mar. 2019.

Appendices

Literature Review

Devine, Siobhan, and Guy Taylor. "Every Child Alive: The Urgent Need to End Newborn Deaths." UNICEF For Every Child, 2018, data.unicef.org/wp-content/uploads/2018/02/Every-Child-Alive-report_FINAL-1.pdf.

The, *Every Child Alive: The Urgent Need to End Newborn Deaths*, report was done by the United Nations International Children's Emergency Fund (UNICEF). They look at the challenge of keeping every child alive, where babies are dying, and how to plan an agenda for action. Every year, an approximation of 2.6 million babies die before turning one month old. More than 80% of newborn deaths are a result of premature birth, complications during labor and delivery, infections such as sepsis, meningitis and pneumonia.

If mothers and babies had access to affordable, quality healthcare, good nutrition and clean water, millions of young lives could be saved. Having access to these necessities are not enough to reduce child mortality rates, but quality is key. If they do not have an adequate quality of these things, they do not have a much better chance at reducing the rate of child mortality rates.

Gabbe, Patricia Temple, et al. "Improving Maternal and Infant Child Health Outcomes with Community-Based Pregnancy Support Groups: Outcomes from Moms2B Ohio." *Maternal and Child Health Journal*, vol. 21, no. 5, 2017, pp. 1130-1138., doi:10.1007/s10995-016-2211-x.

This article talks about a program called Moms2B in Ohio that did a study that recruited pregnant women in 2011 who were in an impoverished community named Weinland Park. The program was meant to be a pregnancy support group that focuses on improving nutrition and increasing social and medical support for these women throughout their pregnancy. They wanted to target pregnancy through the infants' first year of life. They examined the maternal

and child health characteristics both before and after the implementation of the program. There was a huge decrease, in the first four years of the program, of infant mortality in this area because of the implementation of the program.

This is a great resource because it specifically shows a program that has contributed to infant mortality in Ohio. This is a great start because it gives a possible solution to a decrease of infant mortality among the Afro Latinx community as well. It also helps to have direct data on infant mortality that specializes in the state of Ohio since I will be looking at Columbus, OH.

"Levels and Trends in Child Mortality." *The United Nations International Children's Fund*, 2018, data.unicef.org/wp-content/uploads/2018/10/Child-Mortality-Report-2018.pdf.
Levels & Trends in Child Mortality is a report that came out in 2018.

Research was done by the organizations: The United Nations International Children's Fund, World Health Organization, World Bank Group and the United Nations. Estimates were developed by the UN Inter-Agency Group for Child Mortality Estimation. In just 2017, there was an estimated 6.3 million children and young adolescents died from preventable causes around the world. 5.4 million of those deaths were children who were under the age of 5 years old and 2.5 million of those deaths were children that were in their first month of life. The highest risk of dying is seen in the first month of life with an average of 18 deaths per 1,000 live births globally in 2017.

Infant and child mortality rates have decreased substantially by millions. "In 2017, 118 countries already had an under five mortality rate below the SDG target of a mortality rate at least as low as 25 deaths per 1,000 live births" (Levels, 3). If a remaining 50 countries achieve the SDG target by the year 2030, 10 million lives of children could be saved.

The report continues to look at variations and similarities in child mortality rates among different regions of the world. The report also looks at some individual regions of the world that

have an increase in child mortality. They also look at the different ways in which child mortality can be reduced and prevented.

I believe that this is a great source to look at because it gives a lot of information on why infant mortality rates are so high in different regions in the world. I think for research purposes, it gives a lot of general and broad information that can be used to compare Afro Latinx infant mortality at all levels.

Rice, Whitney S., et al. "Disparities in Infant Mortality by Race Among Hispanic and Non-Hispanic Infants." *Maternal and Child Health Journal*, vol.21, no.7, 2017, pp. 1581-1588., doi:10.1007/s10995-017-2290-3.

I thought an interesting fact that this article starts with is how Hispanic infants that are born in the United States actually have a much better documented history of health when compared other minority groups. Although, there is not much data on health outcomes of the various races among the Hispanic population. The study looked at Infant Death Files from 2007 to 2008 and looked at the deliveries of Hispanic black, Hispanic white non-Hispanic black and non-Hispanic white mothers. In the study, it was found that Hispanic black and non-Hispanic black had the highest risk of neonatal, post-neonatal and infant mortality when compared to Hispanic white and non-Hispanic white infants. The conclusion of the study was that infant mortality various among the Hispanic population, but Hispanic black infants experience poorer health outcomes than Hispanic white infants.

I feel like this is a great source because it specifically looks at infant mortality among Latinos and how it compares to non-Hispanic infants. This article also mentions a detail that I am specifically looking at which is the lack of data on the various races within the Hispanic population. This article is probably the strongest source that I will have for my research because they specifically look at Hispanic black infants.

Seske, Laura M., et al. "Infant Mortality, Cause of Death, and Vital Records Reporting in Ohio, United States." *Maternal and Child Health Journal*, vol. 21, no.7, 2017, pp. 727-733., doi:10.1007/s10995-016-2159-x.

This article looks at the causes of infant mortality in Ohio. The research wanted to analyze vital records to evaluate the concordance between autopsy and cause of death. They hypothesized that there would be no correspondence between the two. They looked at causes of infant death that were reported through Ohio Department of Health and compared these records to Cincinnati Children's Hospital Medical Center autopsy reports that were from January 1, 2006 through December 21, 2013.

The study analyzed a total of 276 cases and out of all of those 167 represented infants that were preterm. Through the autopsy reports, they were able to conclude that 55% of the cases had a congenital anomaly, 34% had primary or contributing causes of death related to infection and 14.5% indicated chorioamnionitis. What was most interesting is that 156 of all of the death certificates of the infants were discordant with the autopsy causes of death reports.

This article would be a great source to utilize because it looks at infant mortality rates in Ohio which is important to my research since I will be primarily looking at infant mortality rates among Afro Latinx infants in Ohio. They also bring an interesting perspective in looking at how cause of death certificates do not always correspond with the cause of death determined through autopsies.

Interview Research Questions

1. What position do you hold in your organization?
2. How has your organization made a difference in the infant mortality rates in Franklin County?
3. Do you believe that infant mortality among the Latinx community is higher than it should be in Franklin County?
4. When looking at infant mortality rates in Franklin County, do you differentiate between white Latinx individuals and black Latinx individuals? Why or why not?
5. When measuring infant mortality, do you see the importance in documenting the infants race, their ethnicity or both?
6. Do you believe that Afro Latinx infants are measured correctly when it comes to infant mortality?
7. Do you think that the way we collect and report race data for Latinx individuals is appropriate?
8. What do you think could be done to better measure infant mortality among the Afro Latinx population?
9. Have you had any experiences where Latinx patients were perplexed when asked to identify a race in addition to Latinx ethnicity?
10. How can programs specifically target the Afro Latinx community in terms of prevention?

Interview Transcriptions

Transcription of interview with Amanda Zabala
Date: March 21, 2019
Duration: 11:50

[A]: Amanda Zabala
[O]: Osmari Novoa

[O]: Hello, my name is Osmari Novoa and I am here interviewing Amanda Zabala who is speaking on behalf of the organization CelebrateOne.

Could you tell me a little bit about CelebrateOne?

[A]: CelebrateOne is the mayor's initiative to reduce infant mortality in Franklin County. It was put together in 2014 from the recommendations of the Greater Infant Mortality Task Force. They've been charged with reducing the infant mortality rate from where it is down to six and then cutting that racial disparity in half.

But I just want to be clear that I am with Columbus Public Health, I work with CelebrateOne, but I don't work for them.

[O]: Okay, thank you.

What is your position then?

[A]: So, I am an epidemiologist here with Columbus Public Health. I specifically focus on Maternal and Child Health which is probably unique to most health departments because most of the epis are more general. But my focus is definitely on moms and babies and pregnancy and I work like I said, very directly with CelebrateOne to reduce infant mortality rate.

[O]: Okay, and how has CelebrateOne made a difference in the infant mortality rates in Franklin County?

[A]: I think that with the collective impact part of their initiative, that's where we've seen the most impact. Right, so getting everyone to the table that needs to be there, the different people from different industries like housing, transportation, food, and even public safety. Making sure that everyone is there and working towards a common goal I think has really moved the needle.

[O]: Do you believe that infant mortality among the Latinx community is higher than it should be in Franklin County?

[A]: It's a good question, but not something that we have looked at specifically. So when we talk about infant mortality by race, in Columbus, we're just talking about non-Hispanic black versus non-Hispanic white and occasionally we throw Hispanic into the mix. But we don't necessarily

differentiate Hispanic by race. So it's really unfortunate because we don't get that whole picture. You know, what does it mean to be Hispanic black or Hispanic white or how are people selecting what type of Hispanic they are you know. So it's something that we probably should look at, but it's not something we are looking at.

[O]: When looking at infant mortality rates in Franklin County, do you differentiate between white Latinx individuals and black Latinx individuals? Why or why not? I know you kind of touched on it.

[A]: Right. So we don't. I think there is the assumption that people who identify as Hispanic tend to have similar experiences or similar outcomes even though we know that's not true. It's unfortunate that in this country it doesn't matter what you identify as. It matters more what you look like. So I am Hispanic black. My dad is Mexican. My mom is Black. But people see a black woman and so they expect my outcomes to be similar to a black woman even though I'm grouped statistically in with the Hispanic population. So my data will never make it to the light of day. So it's really unfortunate because we don't get to really see that part. We don't really get to understand the black experience in Columbus to its full extent.

[O]: When measuring infant mortality, do you see the importance in documenting the infant's race, their ethnicity, or both?

[A]: Usually, our infant mortality rates are interesting because how we calculate it, it is the number of deaths in a year divided by the number of births in a year so those deaths don't necessarily match up to the births in a given year. Other organizations like Medicaid, they actually do a cohort assessment. They actually match the deaths with the births so they have a more accurate infant mortality rate and when they do that, they can actually match the baby's race. So when we do it, we are going off of mom's race. So even if mom is white and dad is black that baby is going to be classified as white. And so it's the same thing with Hispanic. You know if mom is white and Dad is Hispanic or Latino, that baby is going to be white. Maybe she'll select Hispanic white, I don't know, but we're definitely missing a huge, huge chunk and especially because that classification by mom's race instead of by dad's race or even by that baby's race we don't get as accurate a picture as we probably should.

[O]: That's very interesting actually, I didn't know that.

Do you believe that Afro Latinx infants are measured correctly when it comes to infant mortality? I mean, since the data is not there, I'm sure…

[A]: Right, and that's hard to say.

[O]: Because you don't have that data there to be able to measure it.

Do you think that the way that we collect and report race data for Latinx individuals is appropriate?

[A]: Well I think because race data is all self-report. It is accurate in the sense that we're capturing how people identify themselves, but it is inaccurate in that it doesn't actually measure racism. So when I was in grad school, I had a professor, great mentor, and he said that we are not actually capturing racism anymore since the 1970's. And I'm like, "What are you talking about? We capture race and racism all the time what are you saying?" And he like, because people self-identify and they put down what their race is we know how they see themselves, but it doesn't reflect how society sees them. Whereas in the 1970s, when someone would like at you and be like, "Alright, yeah, they're black." We can see how society would view a person and that would give us a more approximate measure of racism or how people are being treated based on how they look.

[O]: It's very complex.

[A]: Yeah.

[O]: What do you think could be done to measure infant mortality among the Afro Latinx population?

[A]: **Sigh**…to measure infant mortality…

[O]: It's a tough one.

[A]: I know. I know. So I think if we made a conscious decision as data keepers, as data users, as politicians, if we wanted to really understand what it was like for Afro Latinas or for the black community, just all-encompassing black, if you look black what does that mean? Then we would have better data, but because we don't have the political will, we don't necessarily have the interest at the top levels to really parse out what's happening in that Hispanic/Latino community we're not [going to] have the data to support any sort of decision making when it comes to this population.

[O]: How can programs specifically target the Afro Latinx community in terms of prevention?

[A]: So right now, I think it comes down to the organizations that are already serving the Hispanic/Latino population. So every now and then I get to go to, I think it's a Hispanic/Latino collaborative and it's all these agencies that are in the county, they come together because they serve the same population. It's actually pretty amazing because there's some people who introduce themselves in Spanish and I'm like, "I know it, I know what you're saying!"

[O]: My mom would always do that when I was younger. She would say, "I'm Spanish!"

Laughs.

[A]: So I think for now serving that population is probably [going to] be best done by the organizations that are already doing it. Making an effort to specifically address the black population within the Hispanic/Latino community would be a whole next step because you

know, even in Mexican culture, they're just now fully embracing black Mexicans and it's like, "Oh my God this is amazing!"

[O]: That's very recent.

[A]: Yeah, yeah. What was it last year? Or the year before?

[O]: Yeah, didn't they just add it to their census? Which is insane.

[A]: I know. But it's amazing. My grandma was Mexican and me and my brother were always the "other" kids because all her other grandkids were white Mexicans and we were black Mexicans and it just didn't fit into her…the way she thought.

[O]: Have you ever had any experiences or heard of where Latinx patients were perplexed when asked to identify a race in addition to Latinx ethnicity?

[A]: Yes. Yes. It happens so often. Even with me growing up you know, "well which one do I choose?" Cause there is so many times they give you the one option and so especially for populations who identify just Mexican, just Puerto Rican, just Chilean you know like they don't want to select a race, they're like, "I'm not any of these." So even now, I was looking at our data for birth outcomes and we have a subset of the Hispanic population that identifies as white Hispanics, some identifies as black Hispanics, but the vast majority of them select Other and sometimes it because they're American Indian, or Asian Hispanic, or whatever else but there's so many that are like, "I'm none of these," so they select Other. And it doesn't surprise me at all.

[O]: Well thank you so much I really appreciate you sitting down and talking with me.

[A]: No problem!

.
.
.
.

End of interview.

Transcription of Interview with Jamie Sager
Date: March 22, 2019
Duration: 17:43

[J]: Jamie Sager
[O]: Osmari Novoa

[O]: My name is Osmari Novoa and I am here interviewing Jamie Sager who is speaking on behalf of the organization Moms2B.

Could you tell me a little bit about Moms2B?

[J]: Yeah, so Moms2B is a pregnancy and first year of life program aimed to reduce infant mortality in Columbus, OH. We've been around since 2010. We have 8 different locations and we're located in high infant mortality zip codes in Columbus.

[O]: What position do you hold in Moms2B?

[J]: I'm a program manager. I manage some of our staff and I also manage three of our different program locations.

[O]: How has your organization made a difference in the infant mortality rates in Franklin County?

[J]: We've been around since 2010. We were one of the first organizations to really focus just on infant mortality like as our main mission and goal to reduce that especially disparities in the African American infant mortality rate. Since then, oh I wish I had this number, we have served, I think around 2,000 women. We worked to influence the infant mortality rate by focusing a lot on pregnancy. A lot of interventions that are out there focus on that baby's first year of life so safe sleep, even smoking cessation a lot in the after pregnancy kind of interventions then, but we also want to impact women during their pregnancy. Which can be harder because there's not as like direct of an intervention right? But we work to provide advocacy, education, case management, social support to reduce those stressors and provide kind of like protective factors.

Since we serve a, let me bring the numbers up, a somewhat, just a fraction of the women in central Ohio, each year, it's hard to say how have we reduced the overall rate of infant mortality because how do you pinpoint that exactly? But we have within our organization, even, I don't know how familiar you are with statistics and stuff, so because infant mortality is such a rare phenomenon still, even though it's an issue, we don't have the statistical significance of incidents for infant mortality, but we can measure our preterm and our low-birth weight babies that are born which are going to be a direct correlation often times to infant mortality further down the road. We have those types of rates and we can see that our moms in Moms2B, which are high risk moms, have lower incidences of those than what would be expected of the general population of high risk moms if that makes sense.

We're actually working on finalizing right now a match study off of vital statistics which will show that. Every mom in Moms2B who, or every birth I guess of a Moms2B mom, from 2010 to 2017, is getting matched with a Sister Match, who is not a Moms2B participant and then we will be able to see the data of how our Moms2B moms, we're anticipating, have better outcomes than the moms who are not in Moms2B. That comes directly to correlate with infant mortality.

[O]: Alright, that's very interesting.

[J]: Yeah. It's kind of like, because infant mortality is like a…you don't know it's going to happen right? So you can't like track it up until that point, it's not like, "Oh this person has cancer, let's track their cancer outcome." Infant mortality is sudden and we don't know what's going to happen so we have to look at those factors that could contribute to it like a preterm birth or low birth weight and then kind of go that way about doing it. And thankfully, even though our infant mortality rate in Columbus is really bad, thankfully, we still don't see it enough that we have statistical significance to study it, if that makes sense.

[O]: Yeah, that makes sense. Thank you.

Do you believe that infant mortality among the Latinx community is higher than it should be in Franklin County?

[J]: Probably. I think that there has been…I think it's something, and I know like some of your questions, that hasn't been as studied as it should be because when we started infant mortality work just a few years ago right? We're talking last decade. There was some data that showed that immigrant infant mortality was not as bad as like African American infant mortality. So, obviously all Latino populations are not immigrants, but there was like some convulsion and a lot of the focus went to African Americans and not studying other race's infant mortality cause the African American infant mortality rate was so drastic and there's always all these overlapping factors that I think we're just trying to figure out and dissect, if that makes sense.

[O]: Yeah, that makes a lot of sense. Why do you think there was that difference among both groups? Do you think maybe the sense of community in the Latinx community?

[J]: So like, with immigrants do you know what I mean?

[O]: Yes.

[J]: What was kind of accepted was that there was something about the living in the United States under the influence of racism, that over generations had a negative influence on infant mortality, so even like this morning on the radio, I was listening to NPR and they were talking about how in Indiana they were doing a study to look at how where you live in terms of zip code can affect your health outcomes right? So there's something about how your genes change over time and the thought was while you might have immigrants who are coming from their home country, they haven't had this, necessarily, had this long standing racism as people who have been, minorities that have been in the United States have felt this for generations and might be seeing that come out in their genetics more. And I'm not saying, I'm not an expert on the proof

behind all of this, this was kind of one of the thoughts that was passed around, was that. And I think now we're maybe seeing that, that's not so much the case right? We're getting more into seeing like the crossovers and the intersections and different things like that.

[O]: When looking at infant mortality rates in Franklin County, do you differentiate between white Latinx individuals and black Latinx individuals? Why or why not?

[J]: I can only speak for our Moms2B moms, that we talk about. So, we do. And I wish actually, I've realized we have in our 2018 report, we pull it by race, but we didn't pull it by…we do ask a question, "Are you…do you identify as Hispanic or Latino? Or Non-Hispanic/Non-Latino?" And after that we ask them identify by their race.

[O]: Okay.

When measuring infant mortality, do you see the importance in documenting the infants race, their ethnicity, or both?

[J]: Yes, but I think that…so, right now we have noticed, we have been working a lot on how we record people's race and ethnicity and we're transitioning into an updated version of our records keeping system. Our old record's keeping system does not…is not very good at that, including the infant's race and ethnicity. We record mom's but that doesn't necessarily mean that's the same as infants, right? Our new system is going to include that and it's going to better record mom's and dad's, if they are involved in our programs, race and ethnicity.

[O]: That's great!

[J]: Yeah.

[O]: And do you believe that Afro Latinx infants are measured correctly when it comes to infant mortality?

[J]: …

Not necessarily, because of the same thing. For example, let me just pull it up in our system, I'm looking at it while I'm saying it.

Okay, so in our current system right now we ask, this is like for the moms, "Check the ethnicity you identify with?" We would be doing this enrollment form with them, it's, "Hispanic or Latino or Non-Hispanic or Latino or Non-Latino" and then check the race category that you identify with: American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other.

…

I think it's all about self-identification. Well I guess I would say that I think our Latino population is probably doing a decent job at self-identifying as that, but what our updated system

is going to do is…so it was more geared towards…so the issue we were having…and this might be more for…I'm trying to get my thoughts around this. This might be more for our moms who identify as black now that I'm thinking about it more. Our issue there was that they were identifying as, when we had African American and black in the same category that was convoluted, right? So then we weren't necessarily teasing out moms who were from another country because they would say, "Well I don't identify as African American," so they wouldn't check black. Do you know what I mean?

[O]: Yeah.

[J]: Or vice versa. They would say, "I identify as black," but really they're from another country, but they're getting lumped in with African American[s]. We're trying to tease that out. Our new system I think will be for that situation, but also for our Latino population it'll be easier because it's going to be the same question, "Do you identify as Hispanic or Latino? Non-Hispanic/Non-Latino." And then we are going to be able to drop down and put their country of origin. Then we are going to be able to say, "Well you were born in the United States, you identify as black, and you identify as Latino." Or, "You were born in the Dominican Republic, and you identify as black, and you identify as Latino." We're to be able to kind [of] look at them at different levels, if that makes sense, and hopefully that will be…will allow us to get clearer snapshots of the moms that are attending Moms2B and their births.

[O]: Do you think in the way that we collect or report race data for Latinx individuals is appropriate?

And that kind of goes along with what you just said.

[J]: Yeah. I think we're getting better because we want to be able to have people be able to honestly feel like they're self-selecting how they identify. But when that doesn't fit into the system, that you're working on, either they're not…sometimes they're selecting something that they don't completely feel comfortable with or a staff member is helping to make a best guess and that's not…that's practice, right? I think going through this where it's literally like a drop down, I think that will…hopefully everyone will be able to feel comfortable with how they are selecting.

Moms2B doesn't necessarily record…we record our program, right? So I am not so familiar with how like how birth certificate data and stuff works like that. I'm sure Amanda is more familiar with that. When you're talking about actually measuring infant mortality, like the death certificates that are coming out of the coroner's office, I don't know, I guess I can't really speak to that.

[O]: Okay.

[J]: I can speak to the participants that we have and how we're doing that, if that makes sense.

[O]: Well you can tell me a little bit about that then. About the mothers, about how do you think we could better record their data?

[J]: Like I said, we're trying to cover that in switching that. And then also, something that I am always interested in, in terms of infant mortality is a lot of times we look at…like you kind of alluded to this, we look at mom's race and ethnicity but we don't look at infant's race and ethnicity. I think it's also helpful to get, if dad I known, get dad's race and ethnicity and how he identifies and I don't think we do that much at all, right? Because we think of pregnancy as a…I mean mom is carrying baby and I don't know if we know how much of an impact dad's genes have on it since he's not carrying baby but I don't want to lose sight of babies that might be from the Latinx community on dad's side. So, I think that could be a way that we could impact that is making sure that we're looking at babies race and ethnicity, not just mom's race and ethnicity. Although, I think most of the time now if funnels through mom.

[O]: Yeah.

Have you had any experiences where Latinx patients were perplexed when asked to identify a race in addition to their Latinx ethnicity?

[J]: Not so much that I think we have more issues with people from other races honestly because there is that question that says, "Do you identify as Hispanic or Latino?" I feel like because they can say, "yes," to that, they are able to identify in that way. Whereas, if you have somebody who automatically says, "No, I'm not Latino or Hispanic," but then they're left with their choice are: "African American, Black, and Other," then they feel more at a disadvantage then the Latinx actually. It's just my experience when doing enrollment forms with moms because a lot of times if we have a mom, and they're Latinx, they usually identify as Latina Hispanic and they identify as white or black. Most of the time or biracial. Where some of our issues where moms feel they have a harder time identifying is in other populations like moms from Africa, or stuff like that if that makes sense.

[O]: Yeah.

How do you think programs such as Moms2B, specifically target the Afro Latinx community in terms of prevention?

[J]: Prevention of infant mortality?

[O]: Mhm.

[J]: I think a big thing that we struggle with is language. Moms2B's goal at the beginning was to focus on the African American disparity. Because of that was our focus right? So mainly English speaking and right now I think we continue to be at a disadvantage because we don't have access to translation for a lot of our lessons. So we are a group based program, is not like you can assign like at a home visit you can assign a bilingual to that. I think language is a huge barrier and I think that's our biggest barrier still to reaching that population.

[O]: Okay, well those are all of the questions I have for you. Thank you so much, I really appreciate it.

[J]: Yeah, no problem.

.
.
.
.

End of interview.